

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000560

**FILED  
Apr 24, 2014  
Secretary of State  
CC8886383116**

**Entity Name:** GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC.

**Current Principal Place of Business:**

1910 S AVENUE  
MAILSTOP GB1-001  
LC CROSSE, WI 54601

**Current Mailing Address:**

1910 S AVENUE  
MAILSTOP GB1-001  
LC CROSSE, WI 54601 US

**FEI Number: 39-1606449**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            THOMPSON, JEFFREY E.  
Address        1910 S AVENUE  
                  MAILSTOP GB1-001  
City-State-Zip: LC CROSSE WI 54601

Title            SECRETARY, DIRECTOR  
Name            RUDE, BRIAN  
Address        1910 S AVENUE  
                  MAILSTOP GB1-001  
City-State-Zip: LC CROSSE WI 54601

Title            TREASURER, DIRECTOR  
Name            LOMMEN, WENDY  
Address        1910 S AVENUE  
                  MAILSTOP GB1-001  
City-State-Zip: LC CROSSE WI 54601

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JEFFREY E. THOMPSON**

**PRESIDENT**

**04/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date